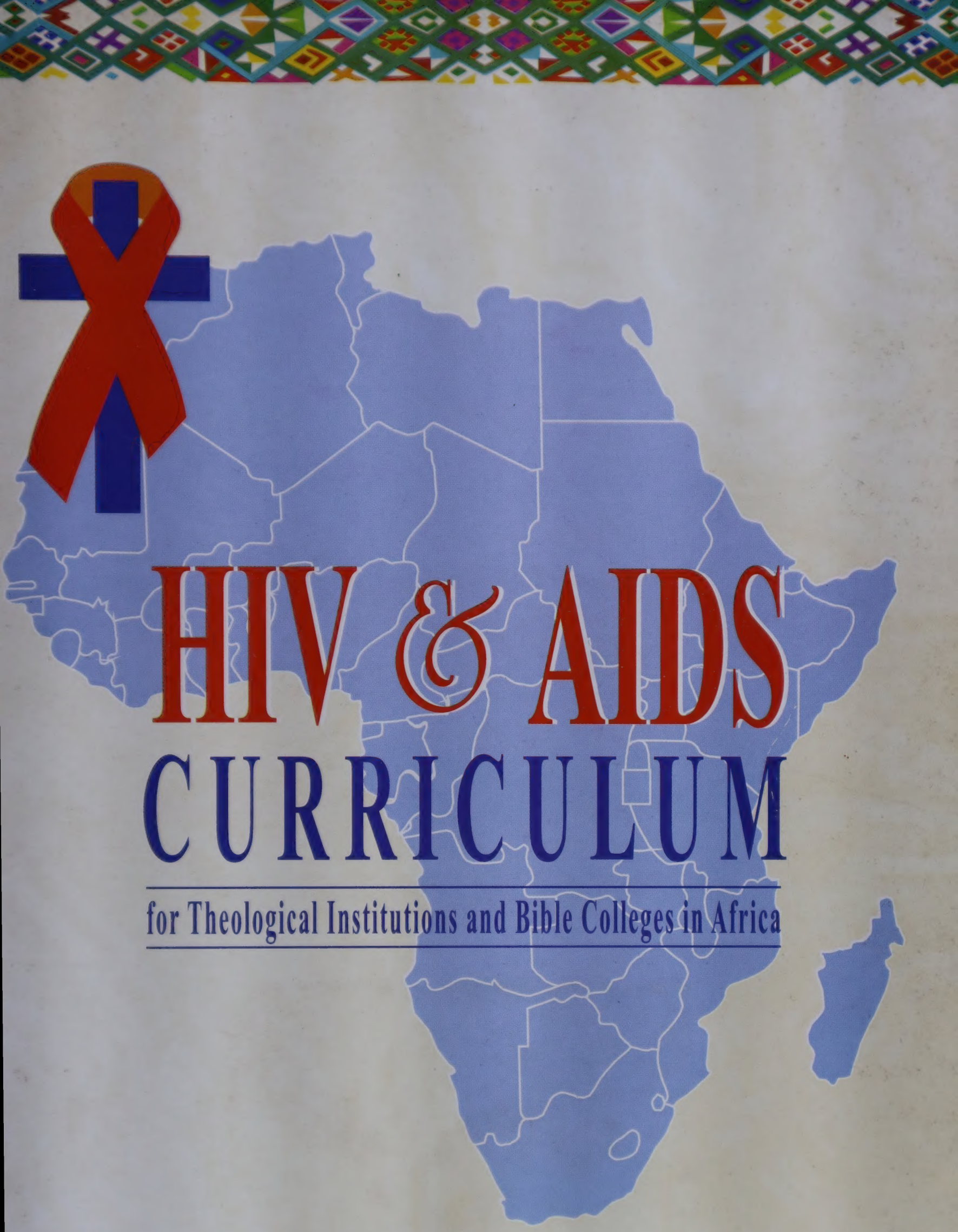

HIV & AIDS CURRICULUM

for Theological Institutions and Bible Colleges in Africa

1st Edition

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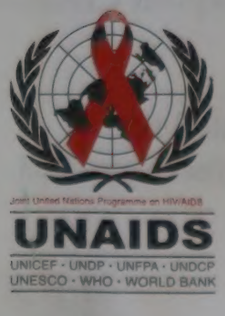

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Foreword

Whereas slavery deprived Africa of huge numbers of young women and men in the 16th – 19th centuries, colonialism deprived the continent of its resources and autonomy in the 19th - 20th centuries. Now in the 21st century, HIV and AIDS seem set to deprive Africa of both herb human and material resources, as well as its hard-won independence. According to UNAIDS, AIDS has outpaced, in less than two decades, the impact of other fatal diseases such as Malaria and Tuberculosis. UNAIDS further notes that the pandemic has become a "planetary catastrophe of colossal and unprecedented proportions." About 36 million persons are infected worldwide – 27 million of them live in Africa.

Addressing the 54th Session of the WHO's World Health Assembly on May 17, 2001, the Secretary General of the UN, Kofi Annan, said, "It will take two things to defeat AIDS: effective leadership and enormous resources." Part of this leadership includes church leadership. The church (refers to the body of Christ as a whole) and its leadership is inevitably at the centre of the storm as it counsels the infected and the affected, caring for the dying and the orphaned children, comforting the bereaved, and burying the dead. Church leaders' involvement in defeating AIDS, however, has been fraught with contradictions, an issue that needs urgent attention in order to combat the increasing rates of HIV and AIDS infection, and its impact. The response of the church and its leadership can be mapped in four stages as follows:

1. **Condemning apathy:** Since the earliest medical detection of HIV and AIDS was among the socially marginalized groups such as homosexuals and drug-injecting users, the initial response of the church was that of a 'holier-than-thou' attitude. The infected person was seen to be guilty of immoral behavior. Time has proved that HIV and AIDS affects and infects all of us—heterosexuals, believers and unbelievers, children and the elderly, faithful and unfaithful partners. This attitude is subsiding, but still lingers among some people mainly due to fear, ignorance, and inadequate theological grounding and spiritual formation.
2. **Helpless resignation:** This refers to the attitude of leaders and Christians who wish to respond, but have given up in despair due to an apparent lack of skills, knowledge, resources and courage. While the media and other communication initiatives are doing a lot to empower people, a comprehensive and deliberate program to empower the church and its leaders is however imperative.

3. **Apprehensive involvement:** This refers to a situation in which church leaders and members seem eager to act, but hold back due to fear of contracting HIV and AIDS. They cannot comprehend touching an infected person, which underlines the urgent need for accurate information and knowledge about the transmission of HIV.
4. **Wholehearted involvement:** This refers to those groups of people who have gone as far as developing policies, programmes, educational materials and are carrying out, in their own manageable ways, various AIDS intervention activities. Yet many who are wholeheartedly involved have little education and are not very well equipped to serve their very best. Others are fully involved, but sometimes act dangerously out of ignorance, thereby endangering the sick and themselves.

MAP International, in collaboration with select theological institutions in Kenya have developed a curriculum called *Choosing Hope: Curriculum Modules for Theological and Pastoral Training Institutions*. The curriculum targets people in pastoral and theological institutions, seeking to meet the various needs of church leaders. Further, the curriculum seeks to equip the Christian church as a whole to give their very best service in the HIV and AIDS era. It comprises eight modules whose resounding theme of hope reflects the Christian response to HIV and AIDS.

In early 2000, a pre-test of actual usage of *Choosing Hope Curriculum Modules* in the classroom took place at St. Paul's United Theological College in Limuru, Kenya. St. Paul's College trains primarily for the Anglican, Lutheran, Methodist and the Presbyterian denominations. To date, MAP International has been the chief facilitator of the two 14-week courses (2000/2001) at St. Paul's dubbed: "Knowledge for Intervention."

In June 2000, MAP International, with support from the World Council of Churches (WCC) and UNAIDS, hosted a forum that brought together academic deans, principals, theologians and representatives from 20 theological institutions across denominational divides from 14 countries in East and Southern Africa. It was at that forum that MAP International challenged the participants to develop an HIV and AIDS curriculum, in keeping with the current contextual problems posed by AIDS. If this were to happen, HIV/AIDS prevention, care and support ministries would be institutionalized. It is the theological and pastoral training institutions that are repositories for the kind of leadership that Africa needs to defeat AIDS – now and in the future.

With due reverence for time–tested requirements such as Homiletics, Hebrew, Greek and Systematic Theology, it would seem that the current crisis of HIV and AIDS in Africa calls for innovative methodologies of

teaching—methods which incorporate HIV and AIDS in these subjects. This is imperative in the preparation of an effective church leadership in the HIV and AIDS era. We need to prepare leaders to intervene proactively before they are bogged down by numerous funeral services – three to four times per week, as it happens in some communities. It will be these fully trained and equipped church leaders who will, to use the words of the UN General Secretary, Kofi Annan, "give our people a chance to replace suffering with hope; to plan for life, not prepare for death."

MAP International is committed to this process.

Peter Okaalet
Regional Director
MAP International - East & Southern Africa

Introduction

The Effect of the HIV and AIDS Pandemic

Since HIV and AIDS was identified about 20 years ago, it has caused economic, political and social crises in the world. In some countries, particularly those referred to as 'the third world', 'developing', and 'under-developed', an HIV and AIDS has begun to reverse 20 years of hard won gains in economic and social developments (UNAIDS 2000). The HIV and AIDS pandemic profoundly impacts on the life of the nations and the church because it does not only affect the sick person, but also affects the family and the community. The adverse effects have been identified as:

- A dramatic individual health and family welfare decline.
- Threat to community welfare and cohesion.
- Extreme strain to the national health systems.
- Productive sector of the economy face increased costs and reduced productivity.
- Societal and political stability are threatened (Aruwa 1998:3).

To date, HIV and AIDS has no cure. Although research has been going on for a number of years, an HIV and AIDS vaccine is yet to be developed. Many life-prolonging cocktail drugs have been developed, but they are largely unaffordable to the majority of infected people in the Third World and Africa. HIV and AIDS thus remains an incurable killer. Its widespread impact, however, underline that HIV and AIDS is no longer just a health issue and can no longer be left to the health department. It affects all social and developmental spheres. In Kenya, and other highly infected areas, it is estimated that HIV and AIDS patients occupy half of the hospital beds. In view of this, home-based care and community-based support are highly encouraged, for it is held that:

> The welfare of people living with HIV and AIDS is best served by integrated and complimentary inputs from a variety of sources. The family is the best source of holistic care (physical, emotional, social, and spiritual) which people with HIV and AIDS require. Thus care providers to the infected also become educators for prevention (Aruwa 1998:2).

In general, all sectors are now urged to integrate HIV and AIDS, for it affects all government departments, the private sector, parastatals and NGOs. We are all affected and everything is affected. The fight against the spread of HIV and AIDS and the need to care and support the infected and the affected, therefore, demands a multi-sectoral responsibility. The church and its leadership cannot back away or afford to be found wanting at this critical hour of need.

The Role of the Church

The book *Facing AIDS: The Challenge, The Churches' Response* holds that,

> The very relevance of the churches will be determined by their response. The crisis also challenges the churches to re-examine the human conditions which in fact promote the pandemic and to sharpen their awareness of people's humanity to one another, of broken relationships and unjust structures, and their own complacency and complicity. HIV and AIDS is a sign of the times, calling us to see and understand (1997:2)

As a community of compassion and care, "the church is called to sacrifice in the AIDS crisis. Sacrifice means giving up our feelings of self-righteousness, our condemning judgments of others, and our faulty doctrines that point to sin only, forgetting grace" (MAP International 1996: 4). Undoubtedly, the church is doing a lot in the fight against HIV and AIDS. The church is there for the sick, the dying, the dead, the bereaved, the orphaned and the widowed. Moreover, the church is an institution that is often found in all the corners of many countries and it is closely linked with the family—hence strategically placed to minister to their needs. It also has a pool of human resources, people who are willing to serve the hurting members of society. In many cases, the church also has the infrastructure to host the infected and the affected.

The Christian teaching itself is a major resource in an HIV and AIDS - hurting world. For example, its moral and spiritual teaching can be an effective resource in forming and changing society's behaviour. Its ethos of 'love your neighbour' can break the stigma, fear and isolation associated with HIV and AIDS infection. Its reverence for life and the teaching that all people are created in God's image can motivate the church and society to undertake effective HIV and AIDS prevention and care programs as well as advocacy for the PLWA. Its liturgical traditions are enormous resources for empowering its own members against fear and moving them to action-filled compassion in the service of the infected and affected. Moreover, its belief in resurrection outshines HIV and AIDS' death scare. With these gifts and

resources, the church ought to be able to say: "Aids is about death. The Christian response to AIDS is about grace" (MAP 1996, 2).

A number of problems, however, hinder the church from fully utilizing its strategic position for an effective and maximum impact in the fight against HIV and AIDS. Some of the problems confronting the church and its leadership are as follows:

1. Insufficient knowledge inhibits effective prevention programs
2. The tradition of uneasiness in discussing issues of human sexuality
3. Lack of appropriate skills for caring for the affected and infected
4. Limited theological depth amongst church leaders and lay people
5. Limited material/financial resources and managerial skills
6. Denominational divisions and caregiver burnout
7. Lack of networking with government and other NGOs

Needless to say, the church and its leaders need to be fully equipped with accurate knowledge, appropriate skills and material resources to use their positions for maximum impact in the fight against HIV and AIDS and its effects. Equipping the church and its leaders to be the guardians of life cannot be left to chance in the face of the HIV and AIDS pandemic.

This curriculum seeks to fill this gap and to equip the church to light the world in the hour of darkness.

The HIV and AIDS Curriculum

The church is no stranger in the field of formal education. Historically, the church has played a central role in the development of formal education in many cultures. For example, during the 'dark ages', education and learning were preserved by the church in the monasteries and convents. In many African countries, the church introduced formal school learning, to the extent that being evangelized became synonymous with getting education. Theological training of the clergy and lay leaders was thus inseparably tied to general education. Although these were gradually separated, it is distressing that many theological training programmes tend to divorce themselves from social, economic, political and cultural issues, or deal with them as side matters. While there are some exceptions, in most cases, the concentration is on what maintains a 'Church Theology,' its traditional mission and the ancient context of the biblical origins. Undoubtedly, these are very important. But most importantly, theological education should equip the church and its leaders to serve God's world and its people in their most pressing need as well as to attend to all that violates the sacredness of God's creation. Theological education should help the church and its leaders to fully assume its prophetic role in the world.

The church, therefore, needs to be equipped for the many challenges of the twenty-first century, particularly on the complex factors sorrounding the spread of HIV and AIDS. One of the ways of equipping the church is to give appropriate training to the clergy. The content of their training must reflect the prevailing concerns and needs of the society. This calls for a carefully developed, time conscious, socially engaged and theologically and liturgically sound curriculum. HIV and AIDS, in particular, necessitates a curriculum that goes beyond dealing with symptoms. Rather, it must fully interrogate the complex factors behind the spread of HIV and AIDS; earnestly seek for the most effective ways of halting its spread and truly acclimatize itself with the several possible ways of delivering quality care to the infected and affected. On these grounds, this curriculum will use the following issues as cross-cutting factors, wherever possible, in all the units and their various topics:

- Socio-economic issues
- Gender, age and race
- Cultural perspectives
- Biblical/theological perspectives
- Liturgical approaches

These factors have been chosen because HIV and AIDS is an extremely complex phenomenon. It is more than just an individual's morality or lack of it. It is more than just knowing the facts or lack of knowing about HIV and AIDS. It is more than just a health issue. Twenty years of research and campaigns has shown that the spread of HIV and AIDS is closely linked to socio-economic status (class), gender (women and men), age (young and elderly), race (black and white) and other social and cultural ways of distributing power. It is the most powerless members of our societies, such as women, the youth, the poor, the socially uprooted, those of different sexual orientations and drug injecting users, who are most likely to contract HIV and AIDS and who are less likely to have access to quality care. Any effective approach to HIV and AIDS prevention and care needs to fully explore and understand these factors in order to meaningfully participate in the struggle against HIV and AIDS. Biblical and liturgical approaches have been added as cross-cutting perspectives in order to enable the churches to fully explore and utilize its own heritage and resources for the battle against HIV and AIDS.

Lastly, this is a curriculum. It is broader and sets general goals for the course. It should not be confused with a syllabus, a scheme of work or a lesson plan. A syllabus is more specific and addresses specific aspects of the curriculum. Both the scheme of work and the lesson plan are better handled by the instructors/lecturers at the institutional level.

Curriculum Goals

This curriculum seeks to:

1. Help reduce and finally eradicate the spread of HIV and AIDS in Africa.
2. Strengthen the churches' role and capacity to respond to the HIV and AIDS pandemic through formal theological education.
3. Equip Christian workers with the necessary knowledge, skills and attitude to serve their churches and society more effectively in the struggle against the HIV and AIDS pandemic.
4. Increase capacity of students of Theological institutions in designing, implementing and monitoring of HIV and AIDS prevention, care and support intervention in their areas of work.
5. Exploit the Christian church's own internal potential and heritage.

General Objectives

The general objectives seek to:

1. Equip learners with adequate knowledge and information about HIV and AIDS.
2. Assist the church and its leadership to fully exploit its own potential and internal resources such as Bible, theology, church traditions, liturgy and to develop a wholesome value system.
3. Inculcate positive attitudes in the learners towards those infected and affected by HIV and AIDS.
4. Equip learners with knowledge and skills to develop and maintain positive reproductive health behavior.
5. Assist learners analyze the role the church and community should play in meeting the challenges of HIV and AIDS.
6. Institutionalize HIV and AIDS prevention, care and support in theological and pastoral institutions.
7. Help the learners analyze the vulnerability of Africa regarding HIV and AIDS social economics, poverty, political will and discuss the role of the pharmaceutical industry.
8. Raise church leadership that is seasoned for its context and social needs.

Programme Design

This curriculum is designed to assist instructors, teachers or professors in institutions which prepare clergy for ministry to mainstream HIV and AIDS in their training programmes in order to produce church leaders who are better equipped to serve effectively in this age.

- From a multi-faceted perspective, the curriculum examines some of the critical issues in the Christian responses to HIV and AIDS.
- The instructor may use any part of the curriculum units in whole or in syllabi. Alternatively, the entire series could constitute course(s) on biblical, cultural, socio-economic, gender, liturgical and administrative approach to HIV and AIDS ministry in the church or theological institutions.
- It is important for users of this curriculum, and ultimately for the recipients of these teachings, to interpret and fit these teachings into their own cultural, organizational, economic and educational context, within a sound theological framework.
- Although the curriculum is designed for the undergraduate level, individual institutions, lecturers, instructors and professors are free to modify it to suit different levels of educational training such as certificate, diploma and postgraduate levels.
- The entry requirement/qualification for the student and faculty will depend on the institutions' requirement at their particular level.
- The time allocation for the topics covered in different units and grading system will be left to the discretion of the institution depending on the system in use.
- The curriculum is divided into three units. The first unit seeks to impart correct information about HIV and AIDS. The second unit seeks to explore and fully exploit the church's own internal resources in the fight against HIV and AIDS. The third unit seeks to impart effective leadership and management skills in the HIV and AIDS ministry.

These units cover the following topics: -

Unit 1: Human Sexuality and HIV and AIDS Related Issues

1. Human sexuality
2. Sexually Transmitted Diseases (STDs)
3. Facts about HIV and AIDS
4. Prevention and control of HIV and AIDS

5. Treatment and care for those infected and PLWA
6. Treatment and care for those affected by HIV and AIDS

Unit 2 : The Christian and Church's Response to HIV and AIDS

1. HIV and AIDS, women, youth and children
2. Theology of life and suffering
3. Biblical and theological issues
4. The church and HIV and AIDS
5. Liturgy and HIV and AIDS
6. Counseling skills in pastoral care

Unit 3 : Programme Development

1. Leadership skills
2. Management skills
3. Training of trainers
4. Project management
5. Mobilizing resources
6. Writing a project proposal
7. Course project

Unit One

Human Sexuality and HIV and AIDS

Unit Purpose

This unit aims at providing information on human sexuality and sexually transmitted diseases in relation to HIV and AIDS. It also exposes the learner to facts about HIV and AIDS. It is designed to allow the learners to feel free to openly discuss matters relating to human sexuality. This is an area that is not openly discussed in the African context and the Christian church. The tradition of "no discussion," however, entrenches stigma, hampers HIV and AIDS prevention and care. Breaking this silence systematically and constructively is essential in the fight against HIV and AIDS.

This unit also looks at prevention and control of HIV and AIDS, treatment and care for those infected and affected by HIV and AIDS. The special role of the woman in relation to HIV and AIDS is also tackled.

Unit Objectives

At the end of the course, learners should be able to: -

1. Define human sexuality and understand its various aspects.
2. Analyze the relationship between human sexuality and HIV and AIDS.
3. Discuss and compare some cultural and biblical views of human sexuality.
4. Define and discuss sexually transmitted diseases (STDs).
5. Acquire knowledge on facts about HIV and AIDS.
6. Explore the various factors such as class, gender, age and race that make certain groups vulnerable to STDs and HIV and AIDS.
7. Analyze methods of prevention and control of HIV and AIDS.
8. Demonstrate how to care for those infected and affected by HIV and AIDS.

9. Analyze the impact of the HIV and AIDS pandemic on the psyche and socio-economic development of the region.
10. Discuss the role of cultural beliefs and practices in the spread or prevention of HIV and AIDS.
11. Evaluate ethical and legal issues related to HIV and AIDS.

Unit Content

Human Sexuality and HIV and AIDS

1. Human Sexuality

a) Defining human sexuality
b) Cultural views of human sexuality
c) Biblical views of human sexuality
d) Gender, age, race, class and human sexuality
e) Liturgical approach to human sexuality

2. Sexually Transmitted Diseases (STDs)

a) Defining common STDs and their symptoms
b) Modes of transmission of STDs
c) Prevention, treatment and care for those with STDs
d) Gender, class, age, race and STDs
e) Cultural understanding of STDs
f) Biblical & theological understanding of STDS

3. Facts About HIV and AIDS

a) Defining HIV and AIDS: medical detection and symptoms of AIDS
b) Modes of transmitting HIV
c) Socio-economic factors, gender, age, race issues
d) Cultural understanding of HIV and AIDS
e) Biblical and theological perspectives on HIV and AIDS
f) Impact of HIV/AIDS on PLWA, family, community and economy

4. Prevention and Control of HIV and AIDS

a) Prevention and Control
b) Involving PLWA and best practices
c) Socio-economic factors, gender, age, race and class issues
d) Biblical, theological and cultural strengths and limitations
e) Ethical, legal and human rights in the fight against HIV and AIDS
f) Government and church policies on HIV and AIDS
g) Liturgical approach to prevention and control

5. Treatment and Care for the Infected and PLWA

a) Pre-testing and post-testing counseling and social support for PLWA
b) Nutrition, exercise, mental health and the quality of life
c) Understanding and managing opportunistic infections
d) Available treatment and access to drugs

e) Integrated home-based care and community care
f) Socio-economic factors, gender, age, class and race issues
g) Cultural, biblical, theological and legal perspectives.
h) Liturgical approach to treatment and care for the infected

6. Treatment and Care for the Affected

a) Identifying the affected: orphans, widows, the poor and the elderly
b) Mental and spiritual health of the affected
c) Cultural and biblical perspectives on caring for the affected
d) Professional and legal care for the affected
e) Facts about life, dying and the quality of life
f) Best practices, social support groups and networking
g) Liturgical approach to the treatment and care for the affected

Unit Methodologies

The unit will be taught through reading materials, fieldwork research, reflection papers, lecture, storytelling, class discussions, watching videotapes, in-class group experiences, creative writing of new liturgy and worship.

Instructional Material

Textbooks, video tapes, blackboard, handouts and overhead projectors.

Students Assessment

The class will be structured so as to provide students with an in-class group experiences. In assessing the students knowledge of this lesson, the students can write an essay on some of the common themes that emerge in this unit, for example, why women are more vulnerable to HIV than men.

Required Text

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Unit Two

The Christian Church Response to the HIV and AIDS Pandemic

Unit Purpose

This unit focuses on the Christian response to the HIV and AIDS pandemic. It aims at equipping the Church for its role in the fight against the pandemic. The unit seeks to explore the Christian church's own heritage and internal resources in the fight against HIV and AIDS.

Unit Objectives

At the end of this unit learners should be able to: -

1. Understand the biblical and theological issues of life and hope in the face of the HIV and AIDS pandemic.
2. Acquire knowledge of various programmes on HIV and AIDS.
3. Display attitudes that will sustain positive reproductive health behaviours
4. Develop and demonstrate a caring and compassionate attitude towards those infected and affected by HIV and AIDS.
5. Provide quality pastoral care and counseling.
6. Offer quality clinical pastoral education (CPE).
7. Use different church ministries in responding to the challenges of HIV and AIDS.
8. Promote networking and ecumenical approach to HIV and AIDS.

Unit Content

The Christian/Church Response to The HIV and AIDS Pandemic

1. HIV and AIDS: Women, Youth and Children

a) Factors making African women and youth vulnerable to HIV and AIDS

b) Effects of HIV and AIDS on women, youth and children

c) Multiple roles of African women and the girl child in caring for PLWA
d) The role of men in the prevention of HIV and AIDS and care for the sick
e) The role of the church and human rights in empowering women, children and youth in the HIV and AIDS era
f) Liturgical approach

2. ***Theology of life and suffering***
a) Creation, covenant & Christ-centered approaches
b) Gender, class, age, race and social-economic factors
c) Cultural and perspectives from other religions
d) Inculturation, liberation and gender theological perspectives
e) Liturgical approach

3. ***Biblical and Theological Issues***
a) Theology of life (Biblical and cultural theology)
b) Concept of curses, sin, sickness and death.
c) Illness, evil, healing, prayers/miracles indulgences
d) Repentance, forgiveness, salvation and hope
e) Examine the African worldview vis-à-vis biblical view
f) Condemnation versus compassion
g) Spiritual value of purity – abstinence
h) Biblical views of community/family sense of belonging for the infected and affected

4. ***The Church and HIV and AIDS***
a) The Christian understanding of HIV and AIDS
b) The role of the church in reconciliation and restoration
c) Behaviour formation and behaviour change processes
d) Exploring the ethos of love and punishment
e) Gender, age, class, the church and its ministry
f) Liturgical perspectives

5. ***Liturgy and HIV and AIDS***
a) Setting special worship days for HIV and AIDS
b) Incorporating HIV and AIDS concerns in prayer books
c) Incorporating HIV and AIDS in annual preaching calendar
d) Writing new prayers, songs and sermons on HIV and AIDS
e) Exploring and developing rituals of healing and coping
f) Developing new and using sacraments to address HIV and AIDS

6. ***Counseling Skills in Pastoral Care***
a) Training church leaders in counseling skills for PLWA and the affected
b) Imparting basic counseling skills for care-givers and lay people

c) Setting up peer group counseling services for the youth
d) Setting up social support groups for the infected and affected
e) Providing counseling services in public institutions
f) Exploring liturgical counseling through public worship

Unit Methodologies

The unit will be taught through reading materials and reflection papers, lecture, storytelling, creative writing, class discussions, hand outs, videotapes, role plays, in– class group case study applications, supervised practicum and liturgical celebrations.

Instructional Material

Textbooks, videotapes, blackboard, handouts and overhead projectors.

Students Assessment

The students will have supervised role-plays, worship services, and practicum outside of class.

Required Texts

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Unit Three

Programme Development

Unit Purpose

This unit is aimed at equipping the learner with the necessary management skills to spearhead the fight against HIV/AIDS in the church. The unit gives the learner a chance to and the information gathered in this course to develop a church-based programme to address issues relating to HIV and AIDS.

Unit Objectives

1. Describe leadership, managerial and community resource development skills useful in addressing the HIV and AIDS pandemic.
2. Develop leadership and management skills in community resource development and mobilization (project facilitation-orphanages and hospice).
3. Develop skills in training for maximum multiplier effect.
4. Acquire skills in programme planning, development, implementation and evaluation.
5. Analyze the biblical and cultural perspectives on management and community development.

Unit Content

Programme Development

1. Training of Trainers in Mainstreaming HIV and AIDS

a) Awareness workshop for institutional members and staff
b) Approaches to TOT training
c) Resources and planning for TOT
d) Developing group dynamics and expectations
e) Imparting skills for integrating/interfacing the curriculum in church groups and institutions.
f) Imparting skills in Monitoring and Evaluation
g) Mobilizing leadership support for policy change

2. *Leadership skills*
   a) Defining leadership
   b) Defining management
   c) Leadership styles
   d) Types of leadership
   e) Gender, age, class & race in leadership
   f) Cultural and biblical perspectives on leadership
   g) HIV and AIDS challenges and leadership skills

3. *Management skills*
   a) Management principles
   b) Strategic planning
   c) Accountability and transparency.
   d) Gender, age, class, race and management
   e) Biblical & cultural perspectives on management
   f) HIV/AIDS challenges in management

4. *Community mobilization skills*
   a) Setting up focal persons and HIV/AIDS committees
   b) Setting up PLWAs social support groups
   c) Training people and families for home-based care
   d) Mobilizing congregations' involvement
   e) Networking with other churches, NGOs and government

5. *Project Management*
   a) Defining the project
   b) Planning the project
   c) Implementing the Plan
   d) Monitoring and evaluating the Project
   e) Mainstreaming gender & HIV/AIDS in all the stages of the project.

6. *Mobilizing Resources*
   a) Needs assessment techniques
   b) Donor management
   c) Networking

7. *Course Project: Writing a Project Proposal*
   a) Theoretical perspectives
   b) Application: A project on the church and its involvement in HIV and AIDS

Unit Methodologies

The unit will be taught through reading materials, lectures, fieldwork research, class discussions, handouts, and videotapes.

Instructional Material

Textbooks, videotapes, blackboard, and handouts.

Students Assessment

The students can write a project analysis with full demonstration of assessment needs, leadership and managerial skills.

Required Texts

Haynes, Marion E. *Project Management* (Revised edition). Menlo Park, California. Crisp Publications Inc. 1996.

Kinoti, G. *Hope for Africa and What Christians Can Do.* Nairobi. AISRED,1994.

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MAP International and CHAK. *AIDS in Your Community: Learning About AIDS in Africa - A Guide for Community Trainer.* Nairobi. MAP International and CHAK, 1993.

Specialisms

Unit Purpose

This is an optional unit that aims at covering special topics that offer teachers and students the opportunity for an in-depth study in different areas of interest.

1. Institutional Care, Rehabilitation, Development and Sustainability

a) Hospice
b) Child-headed homes/houses for orphans
c) Diagelo: African Independent Churches healing centres for the sick
d) Feeding centres for orphans, the elderly and the poor
e) Day-care centres for workers with pre-school orphans & terminally ill patients
f) Guest houses for poor rural families with hospitalized patients in cities

Unit Methodologies

The unit will be taught through reading materials and reflection papers, lectures, creative writing, role plays, class discussions, hand-out, videotapes, case study, applications in–class group experiences and supervised practicum.

Instructional Material

Textbooks, videotapes, blackboard, handouts and overhead projectors.

Students Assessment

The students will have supervised role-plays, and practicum outside of class.

Required Texts

Dortzbach, K. and N. Kiiti eds. *Helpers for a Healing Community.* Nairobi. MAP International, 1994.

Kinoti, G. *Hope for Africa and What Christians Can Do.* Nairobi. AISRED, 1994.

WCC. *Making Connections: Facing Aids.* Geneva. WCC, 1993.

Further Reading

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Kirkpatrick, B., *AIDS Sharing the Pain.* London. Darton *et.al*, 1993.

2. Cultural Beliefs and Practices

a) Cultural understanding of HIV and AIDS: Myths/stigma
b) Traditional practices and beliefs that promote the spread of HIV and AIDS: initiation rites
c) Sexual taboos
d) Witchcraft and curses
e) Rites of passage and church involvement
f) Widowhood and remarriage

g) Wife inheritance
h) Age group wife sharing
i) Polygamy and sexual orgies

Unit Methodologies

The unit will be taught through reading materials, fieldwork research, reflection papers, lectures, storytelling, class discussions, watching videotapes, and in–class group experiences.

Instructional Material

Textbooks, video tapes, blackboard, handouts and overhead projectors.

Students Assessment

The class will be structured so as to provide students with an in–class group experiences. In assessing the student knowledge of this lesson, the students can write an essay on some of the common themes that emerge in this unit e.g. traditional practices and beliefs that promote the spread of HIV and AIDS.

Required Text

Clarke, D. *AIDS: The Biblical Solution.* Nairobi. Evangel Press, 1994.

Dixon P. *The Truth About AIDS.* Geneva. WHO, 1992.

MAP International and CHAK. *Facts & Feelings About AIDS: Learning About AIDS in Africa: A Guide for Community Trainers.* Nairobi. MAP International and CHAK, 1993.

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Further Reading

Dube, M.W. *Africa Praying: Orphans Need Love, A video.* Gaborone. Botswana Christian Council, 2000.

Gupta, Geeta Rao. "Gender, Sexuality and HIV/AIDS: The What, the Why and the How," Washington. International Center for Research on Women, July 2000. (www.icrw.org.)

Maluleke, Tinyiko S. "Towards a New Theological Education Curriculum for the 21st century in Africa: HIV/AIDS and the Kairos," pp. 91-105. In *Report on the HIV/AIDS Curriculum Development Consultation for Theological Institutions in Eastern and Southern Africa.* Nairobi. MAP International, 2000.

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MAP International. *AIDS in Africa: The Church's Challenge.* Nairobi. MAP International, 1997.

3. *Economic, social and political issues in relation to HIV and AIDS*

a) The politics and economics of HIV and AIDS in Africa
b) Change of family structure - orphans and child labour exploitation
c) Family stress: caused by loss of family members
d) Loss of active labour force and slow down of economic growth

e) Loss of earning power by international pharmaceutical companies, poverty and vulnerability to Africa.
f) High morality rate and decline of life expectancy.
g) Wars, conflicts, refugees and migrant labour systems.

Unit Methodologies

The unit will be taught through reading materials, fieldwork research, reflection papers, lectures, storytelling, class discussions, watching videotapes, and in–class group experiences.

Instructional Material

Textbooks, video tapes, blackboard, handouts and overhead projectors.

Students Assessment

The class will be structured so as to provide students with an in–class group experience. In assessing the students' knowledge of this lesson, the students can write an essay on some of the topics discussed.

Required Text

Clarke, D. AIDS. *The Biblical Solution.* Nairobi. Evangel Press, 1994.

Dixon P. *The Truth About AIDS.* Geneva, WHO, 1992.

MAP International and CHAK. *Facts & Feelings About AIDS: Learning About AIDS in Africa: A Guide for Community Trainer.* Nairobi. MAP International and CHAK, 1993.

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Further Reading

Dube, M.W. *Africa Praying: Orphans Need Love, A video.* Gaborone. Botswana Christian Council, 2000.

Gupta, Geeta Rao, "Gender, Sexuality and HIV/AIDS: The What, the Why and the How," Washington: International Center for Research on Women. July 2000. (www.icrw.org.)

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MAP International. *Choosing Hope: The Christian Response to the HIV/AIDS Epidemic.* Nairobi. Map International Nairobi. 1996.

MAP International. *AIDS in Africa: The Church's Challenge.* Nairobi. MAP International, 1997.

4. *Ethical and legal issues*

a) Testing and information confidentiality.
b) Euthanasia, suicide, abortion.
c) Discrimination and admission to institutions, employment and access to health care.
d) Gender rights: inheritance, childlessness, orphans.
e) Policies: church and government policies on testing, marriage, rape, abortion, insurance.

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Unit Methodologies

The unit will be taught through reading materials and reflection papers, lectures, storytelling, creative writing, class discussions, hand outs, videotapes, role plays, in–class group experiences and case study applications.

Instructional Material

Textbooks, videotapes, blackboard, handouts and overhead projectors.

Students Assessment

The students will have supervised role-plays, and practicum outside of class. In assessing student knowledge of this lesson, the students can write an essay on ethical issues that emerge from the class teachings or presentations.

Required Texts

Dortzbach, K. and N. Kiiti eds. *Helpers for a Healing Community.* Nairobi. MAP International, 1994.

Kinoti, G. *Hope for Africa and What Christians Can Do.* Nairobi. AISRED, 1994.

WCC. *Making Connections: Facing Aids.* Geneva. WCC, 1993.

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Johnson, P.E. *Person and Counselor.* New York. Abingdon Press, 1967.

Kirkpatrick, B. *AIDS Sharing the Pain.* London. Darton et al, 1993.

Methods of Teaching, Assessment and Evaluation

Teaching

The recommended methods of teaching this course are:

a) Class lectures
b) Assigned readings
c) Small group discussions
d) Seminars
e) Public lectures
f) Research project writing and presentation.
g) Case studies.
h) Creative writing and reflection papers
i) Fieldwork research and trips, attachments and internships
j) Simulation and role-play (drama, song, dance, poetry etc)
k) Value clarification
l) Audio-visual Aids
m) Information technology (I T) for example identifying and using HIV/AIDS websites for research

Assessment of the learners

For the assessment of the learners, the following is recommended:

a) Institutions to decide on marking and grading
b) Continuous assessment of learners
c) Term papers/ test and final exams
d) Class presentations
e) Observation
f) Research reports/ projects
g) Learner self-assessment

Assessment of Lecturers

The lecturers can be assessed in the following areas:

a) Course planning
b) Qualification
c) Peer assessment
d) Attitude and commitment
e) Capacity and ability to deliver
f) Presentation and follow-up
g) Credibility

Evaluation of the course

It is recommended that the course be evaluated in the following areas:

a) Content
b) Scope
c) Depth
d) Suitability
e) Level of difficulty
f) Duration
g) Qualification required
h) Comparison with similar courses elsewhere
i) Qualifications attained and staff requirements
j) Administration details
k) Mode of teaching
l) Relevance and adaptability
m) Mode of integration within the overall curriculum
n) Level of sensitization and influence

Resources

I. Human resources

a) Tutors / lecturers.
b) Visiting resource persons (medical personnel, community leaders, counselors, pastors, and people living with AIDS, youth, women, economists, social workers).
c) Human resource development- (recruitment and training of personnel).

II. Financial resources

Institutions to consider the financial implications of this curriculum and the necessary budgetary provisions made.

III. Material Resources

a) Library books, text book
b) Institutional manuals and curricula
c) Audio-visual facilities.
d) Information technology (I.T.).

IV. Physical facilities

Lecture rooms/ counseling rooms/ library.

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"The time has come. The moment of truth has arrived. (South) Africa has been plunged into a crisis that is shaking the foundations and there is every indication that the crisis has only just begun ... It is the KAIROS or moment of truth not only for secular institutions but also for the Church and all other faiths and religions."

With these words, a group of inter-denominational South African theologians begun their now famous theological comment on the apartheid state in the mid 80s - the Kairos Document. Thankfully, Apartheid has now been dismantled.

A celebrated South African theological scholar, Prof. Tinyiko Maluleke has now observed,

" I strongly suggest that the HIV-AIDS epidemic is the new 'KAIROS' for the African Churches and governments alike. My sense is that a new KAIROS has broken into our lives - the KAIROS is epitomised in the HIV-AIDS epidemic. Could we use our fifty-year-old worth of experience of campaigns to have 'third world theologies' on the theological curriculum to mount a new and even more ominous campaign? - the campaign for HIV-AIDS issues to be integrated into the theological education curricula?"

Most of our clergy went to theological school when HIV and AIDS was not an issue. It is now estimated that the first sermon of a newly graduated seminarian will be at the graveside. How do we equip the clergy and the church in general to respond appropriately, effectively, biblically, lovingly and culturally, to a problem that is decimating our people?

This curriculum is intended to respond to the above question, by guiding us on what to teach and how to teach it.

Welcome aboard! Let us together begin to wrestle with these issues.

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